

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90317 010 ****61.25

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DOCUMENT # 758703 1. Entity Name CLUB HARBOUR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 511 S.E. 43RD ST CAPE CORAL, FL 33904 US			Mailing Address P O BOX 100831 CAPE CORAL, FL 33910 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2631490	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CAMPBELL, PHILIP C/O PROFESSIONALLY YOURS, INC 1342 SE 46TH LANE #3 CAPE CORAL, FL 33910				7. Name and Address of New Registered Agent Name George Teague Street Address Professionally Yours, Inc. 3270 College Pkwy. #103 City Ft. Myers, FL 33919 Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 3-10-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	VD	<input type="checkbox"/> Delete			
NAME	MASTERS, NORMA JEAN				
STREET ADDRESS	511 SE 43RD ST. #204				
CITY - ST - ZIP	CAPE CORAL, FL 33904				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	BAYER, RALPH				
STREET ADDRESS	511 SE 43RD ST #205				
CITY - ST - ZIP	CAPE CORAL, FL 33904				
TITLE	PD	<input checked="" type="checkbox"/> Delete			
NAME	SAGORAC, LEWIS				
STREET ADDRESS	511 SE 43RD ST #101				
CITY - ST - ZIP	CAPE CORAL, FL 33904				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	O'BRIEN, PHILIP				
STREET ADDRESS	19624 PARKSIDE STREET				
CITY - ST - ZIP	SAINT CLAIR SHORES, MI 48066				
TITLE	D	<input type="checkbox"/> Delete			
NAME	O'CONNOR, PATRICK E				
STREET ADDRESS	10522 S. ALBANY				
CITY - ST - ZIP	CHICAGO, IL 60655				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Paul Bashera				
STREET ADDRESS	511 SE 43rd Street #202				
CITY - ST - ZIP	Cape Coral, FL 33904				
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PD				
STREET ADDRESS	511 SE 43rd Street #103				
CITY - ST - ZIP	Cape Coral, FL 33904				
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TD				
STREET ADDRESS					
CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4/20/05	